City of Kansas City, Mo.
Neighborhoods and Housing Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106
(816) 513-4561

Amusement application

Please type or print the following information

Applicant's name _____ Phone _____

Applicant's address _____
Street City State ZIP

DBA business name _____ Phone _____

Business address _____
Street City State ZIP

I hereby make application to operate the following [ ] amusement device exhibitor [ ] carnival [ ] rodeo

[ ] commercial amusement place [ ] billiard/pool hall [ ] cabaret/floor show [ ] dance hall [ ] street fair

[ ] recreation hall [ ] shooting gallery [ ] amusement parlor/hall [ ] skating rink [ ] bowling alley

[ ] haunted house [ ] penny/picture arcade [ ] adult entertainment business ***or*** adult live entertainment business

Applying as a [ ] sole owner [ ] corporation [ ] limited liability company [ ] partnership

1. Proposed days and hours of operation _____
_____

2. Services and entertainment provided [ ] video games [ ] billiard/pool tables [ ] darts [ ] pinball [ ] juke box
[ ] DJ [ ] live music [ ] dancing [ ] sex shop [ ] nude or semi-nude dancers (must have zoning clearance)
[ ] adult media/explicit sexual material [ ] adult motion picture theater [ ] adult motion picture arcade booth
[ ] other _____

Total number of all *multi* coin-operated amusement devices _____ (A coin-operated machine or device which is capable of being played by the insertion therein of more than one coin, disc or other insertion piece, or operated thereby winning free plays or free games, or for the purpose of increasing the number of free plays or free games which may be won)

Total number of billiard/pool tables _____

Total number of all *other* coin-operated amusement devices _____

3. How many floors of the premises (including the basement) will be licensed? _____

4. Do you rent or lease the premises? [ ] yes [ ] no If yes, provide the following information
Landlord's name _____ Daytime phone _____
Address _____
Street City State ZIP

5. Property owner's name _____ Daytime phone _____
Address _____
Street City State ZIP

---------- If the business is a **corporation**, complete this section ----------

6. Name of corporation _____
State of incorporation _____ Date of incorporation _____

---------- If the business is a **limited liability company**, complete this section ----------

7. Name of limited liability company _____
State of organization _____Date of organization _____

---------- If the business is a **partnership**, complete this section ----------

8. List the names of general and limited partners, and the number of units owned by each (attach additional list if necessary) _____

_____

---------- **Adult entertainment businesses only** ----------

9. Interior occupant capacity _____ Total number of interior square feet _____
10. How many off-street parking spaces are available to the business? _____
11. Is the proposed location within 300 feet of a church or school? [ ] yes [ ] no
12. Do you now employ or intend to employ any person who has been convicted of a felony? [ ] yes [ ] no
13. List the names of all person(s), firms or corporations that have provided or will provide money to purchase or set up this business and indicate amounts _____

_____

14. The ***designated agent*** is the person who must be available in the city while the business is in operation.

Designated agent _____ E-mail address _____

Home phone _____ Work phone _____ Mobile phone _____

Address _____

Street City State ZIP

I agree to promptly report any changes in the information provided with this application, and I understand that any and all changes of ownership or management and control of the business cannot occur prior to obtaining the approval of the director of the Neighborhoods and Housing Services Department.

I will at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection or search, and will permit the removal of all things and articles that may be in violation of the ordinances of Kansas City, Mo., and the laws of the State of Missouri.

I authorize and consent to the examination, by the director of the Neighborhoods and Housing Services Department and/or his authorized representatives, of my business books, bank accounts, and other records to verify the source of funds and terms under which this business is being purchased.

I agree to allow the director of the Neighborhoods and Housing Services Department and/or authorized representatives to conduct necessary investigations into financial and possible criminal records at banks and police agencies respectively.

I have familiarized myself with the provisions of Chapter 12 of the code of ordinances of the City of Kansas City, Mo., and agree to comply with these provisions in the conduct of this business.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

_____ _____

Applicant's signature Date

Seal State of Missouri

County of _____

Subscribed and sworn before me, this _____day of _____, 20_____.

My commission expires

_____ _____

Date Notary public

Office use only – Do not write in space below

----------INVESTIGATOR ----------

Date case completed _____

Application recommended for: [ ] Approval [ ] Disapproval Date: _____

Reason(s) for recommendation of disapproval of application / license (if any) _____
_____
_____
_____

Contingency and other items needed prior to issuance of license _____
_____ / _____
_____ / _____
_____ / _____

License recommended for: [ ] Approval [ ] Disapproval Date: _____

_____
Regulated Industries Division investigator

----------INVESTIGATIONS SUPERVISOR ----------

Application recommended for: [ ] Approval [ ] Disapproval Date: _____

License recommended for: [ ] Approval [ ] Disapproval Date: _____

Comments: _____
_____
_____

_____
Regulated Industries Division investigations supervisor

----------ASSISTANT MANAGER ----------

Application recommended for: [ ] Approval [ ] Disapproval Date: _____

License recommended for: [ ] Approval [ ] Disapproval Date: _____

Comments: _____
_____
_____

_____
Regulated Industries Division assistant manager

----------MANAGER ----------

This application & license is hereby [ ] Approved [ ] Disapproved

Comments: _____
_____
_____
_____

_____ _____
Regulated Industries Division manager Date